MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. smafian PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside agreporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carporate limits, write RURAL and give nearest tawn) and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give preet address) d. STREET ADDRESS NAME OF Middle DATE First Manth DECEASED (Type or print) DEATH 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE lost birthday) Months WIDOWED [ DIVORCED [ yrs. 100/USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if cetired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate couse **DUE TO** (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunly) factory, street, affice bldg., etc.) While a. m. Nat while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection Inquiry Dr. and find that death resulted from: Natural causes ... Accident Suicide , Hamicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 0

**ADDRESS** 

VS. A15ME(5) 5M 9/55

EUNERAL DIRECTOR'S SIGNATURE

DATE

24b. REGISTRAR'S SIGNATURE

24a. BEC'D BY REGISTRAR

e. IS RESIDENCE

Year

19606

Day

INTERVAL BETWEEN

PERFORMED? YES |

DATE SIGNED

(State)

NOT

(State)

ON A FARM? YES THO T

THE STATE OF THE S	Control of the state of the sta				
The second secon	The state of the s				
The second of th	The control of the co				
The state of the s					
The state of the s	The second secon		- T		
The control of the co					
TARTER OF THE PROPERTY OF THE	The state of the s				
		alan and the same			
			a Taron walls		

M

the attending physician and complement filed in by the funeral director. Then please remave carbon papers. Pages 1 and 2 should be filed with

DEUNEXAL DIRECTOR: After the erifficate has been signed by the attending physician and complement page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

attending physician.

TAL OR ATTENDING PHE etained by the hospite

TO HO may

VR A15 (4) 1SM 9/59

TO FUNEXAL DIRECTOR: After th

SICIAN: The law requires that the death certificate be executed

aurs after death. Page 4

CERTIFICATE OF DEATH

	3138	CERTIFIC	AIL OI L	LAIII					
1. PLACE OF DEATH o. COUNTY	arroll	MARYLAN	II a STATE	Mary]	A COLUMN	b. COUNTY	on: Residence	e before adr	nission)
RURAL and give	(If outside corporate limits, we nearest town)  Sykesville	rite c. LENGTH OF STAY IN 1	l V	r TOWN (If o		ote limits, write R			own)
	ITAL (If not in hospital, give s	treet oddress)		berty				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	JOSEPH First	Middle COLUMBUS B.	ARNES	ast	4. DATE OF DEATH	MAR		Day 26.	Year 19 60
s. sex male		MARRIED NEVER MARRIED DOWED DIVORCED	_	<sub>ктн</sub> 3-1878	3	9. AGE (In years last birthday) 82 yrs.		YEAR IF UN Doys Hou	NDER 24 HRS
10a. USUAL OCCUPAT during most of wo retired	orking life, even if retired)	10b. KIND OF BUSINESS OR IN	Ma	arylai	nd	ountry)	12. CITIZ	U.S.	AT COUNTRY
13. FATHER'S NAME	George W.	Barnes		ertha	Bow!	ers			
15. WAS DECEASED EV	(ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		7. INFORMANT Mrs. Cui	stus I	Barne	Add	same		H
	EATH [Enter anly one couse   EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line far (a), (b), and (c).]	un tot	te, n	en Ide la	Tu to		INTERVAL ONSET A	BETWEEN ND DEATH
Canditians, if gave rise to	DUE TO any, which (b)	hone, eftens	um to ble	addu	V M	ectum		19	56 to
lying cause lost	(c) (c)	inema, Cor,	nchial	penu	mmy	R		26,	new 6
PART II. O'	THER SIGNIFICANT CONDITION	ONS <u>CONTRIBUTING TO DEATH</u>	BUT NOT RELATED	TO THE TERM	INAL DISEASE	E CONDITION GIV	EN IN PART	1(a) 19. WA	AS AUTOPSY REORMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCU	PRRED. (Enter noture	e of injury in	Port I or Port	t II af item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	. 10	20d. INJURY OCCURRED  While Not while It work at work	e. PLACE OF INJUR' foctory, street, of			or town)	(C	ounty)	(Stote
	nat (I) (this hospital) at	tended the deceased fra Mev 19 60, and the							
22o. SIGNATURE	Howard &	E. Hall"	M.D. ATTEND	ING M	ED.	STAFF PHYS.			22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	HOWARD E.	HALL	22d. ADI	PRESS YKESV	ILLE,	MARY	LAND	n enn eigh min eine eine ster ster ster	
23a. BURIAL, CREMATI REMOVAL (Specifi BURIAL		23c. NAME OF CEMETER Messiah L			Carr	Oll Co.	,,	laryl	Stote) and
24. FUNERAL DIRECTO	R'S SIGNATURE Waltz. V	Vinfield, Md.			D BY REGIST	RAR 25b, REGI	STRAR'S SIG		

SIZE

Ilarist for Lymna [Foster

remal--Cristalle - 18 yrs. Carrel-- Skyenville

- .as much with annual summon inwant -SS CTAI-SS-S TO THE OTION SING

.s.U \_\_\_\_\_bm.[vrek \_\_\_\_\_zenve \_\_\_\_\_zenve \_\_\_\_\_zenve \_\_\_\_\_ Gaprice W. Barnes - Martha Sowers

me .... Lure, Custue Bernes, same

AND THE RESIDENCE OF THE PARTY OF THE PARTY

A CONTRACTOR OF STATE OF STATE

HOWARD E. HALD STREET HALL

BURIAL 2-88-1900 Mensish Lotheron Carroll Co., Maryland C. M. Waltz, Winfield, Md.

4 haurs after death. Page 4

**CERTIFICATE OF DEATH** 

51.51				Reg. Dist. No.	
1, PLACE OF DEATH o. COUNTY COURSE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNT		odmission)
B. CHY OR TOWN (If outside corporate limits, write RURAL and one nearest lown)	E. LENGTH OF STAY IN 16		utside corporate limits, write	RURAL and give near	rest town)
d. NAME OF HOSPITAL (If not in hospitol, give street ad OR INSTITUTION	ldress) (	d. STREET ADDRESS			ON A FARM? YES NO Q
3. NAME OF DECEASED (Type or print) POBERT	E Middle	ECKNER	4. DATE MO OF DEATH MC22	onth Day	Yeor 1960
5. SEX 6. COLOR OR RACE 7. MARRIE 2012 WIDOWED	DEVER MARRIED DIVORCED	8. DATE OF BIRTH  Leve 12 18	9. AGE (In years last birthdoy) 69 yrs	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country!	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME 7. 13.	chuer	14. MOTHER'S MAIDEN N	I Catu	-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no. or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT Viel Robert E	Becken,	feech	Core, vecel
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).] terrorcler	stic Kidnes	y Disease	INTE ONSI	RVAL BETWEEN ET AND DEATH
Conditions, if any, which gave rise to immediate		6	9		
couse (a), stoting the under. DUE TO lying couse last. (c)					WAS AUTORSY
PAM II. OTHER SIGNIFICANT CONDITIONS CO				;	PERFORMED?
	TIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in F	Part I ar Part II of item 18.)		
Hour o.m. While		LACE OF INJURY (Hame, farm octory, street, office bldg., etc.		(County)	(Stote)
21. I certify that I attended the deceased alive on march 3/ , 1960		, 1949 , ta <u>M</u> h accurred at <u>//. 300</u>	2M, fram the causes		
ACTUAL SIGNATURE WIS Fround		M.D. M.A.	ADDRESS (Street, city or town	n, stote)	HILL O
PHYSICIAN'S W. H FOAT	MD	MA	vehester	-, Md	
220. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF	Consel	22d. LOCATION (City, town,	or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - The	00		Cittur S. Hr	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FL VS A15 (4) 15M 9/55

may retained by the hospilar to attending physician.

O FU. (AL DIRECTOR: After retificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

A17 A10 3-4	E OF DEATH	CERTIFICA	1515
	A STATE OF THE PARTY OF		· ····································
		a distribution of the last of	
Market St. 1940	week series		20 Marin
		Delication against	
	The State of the		The same of the sa
	Vanish of the second		
	STATE STATE		
			Telephone and a
	and the Market and the same of		ada arti habidga i harti yaras 1,75 E

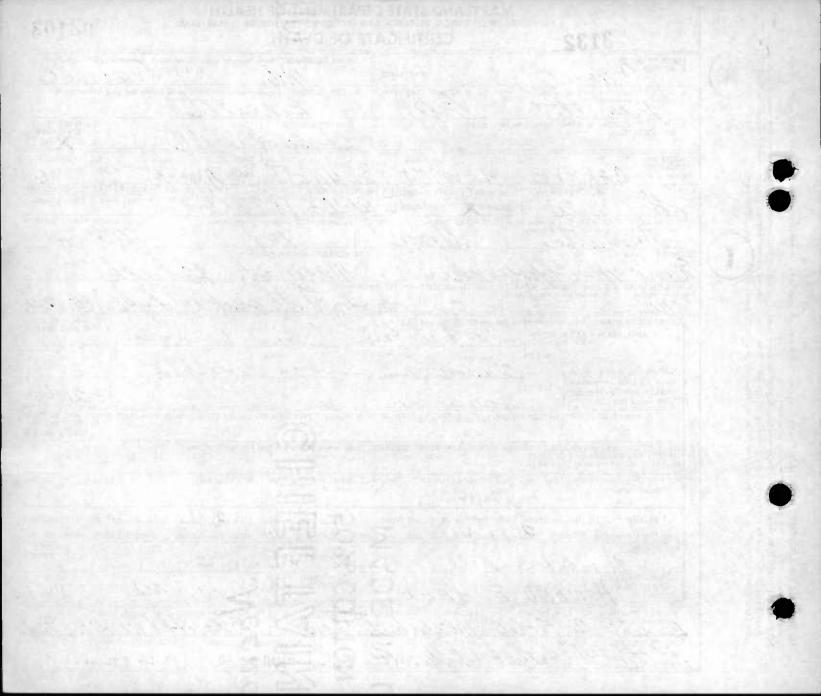
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3139

03103

haurs after death. Page 4	lied in by the funeral directar, is 1 and 2 shauld be filed with th.	M) ×
TO HOWATALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thanks after death. Page 4	TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and campian, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, with 72 boars after death.	
PHYSICIAN: The law requires that attending physician.	this certificate has been signed by the or use as the burial-transit permit. To are taburial, cremation, or remaval, and taburial, cremation, or remaval, and taburials.	0
TO HOTTAL OR ATTENDING	TO FUNERAL DIRECTOR: After page 3 shauld be detached for the State Board of Health pria	1881

0707	<b>GENTINIO</b>		
1. PLACE OF DEATH o. COUNTY ( akrall	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE b. COUNTY	ance before odmission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH-OF STAY IN 16	c. CITY OR TOWN If outside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street OR INSTITUTION	addréss)	J. STREET, ADDRESS P.O.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CARRIE +	HEWITT	BENNETT SEATH March	Day Year 1960
A. WIDOW		afril 5, 1876 83 yrs. Manths	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12.CII	IZEN OF WHAT COUNTRY?
Rand M. Sholar	raker	Mary of Blace	k
15. WAS DECEASED EVER IN U. S. ARMÉD FORCES? (Yes. no. or unknown) (If yes. give war or dates of service)	SOCIAL SECURITY NO. 17.1	John W. Albumaker Olyhe	will, mel
1B. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ar due fai	lure, Coronar Perombous,	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which ) (b)	Terenchron	coneralyed, Censulial	1936
gave rise to immediate couse (a), stating the under: lying couse lost.	resigner.	0	3-25-60
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 1B.)	
Hour o. m. While	L.	LACE OF INJURY (Hame, farm, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) atten	1 /	death accurred PILLIM, from the causes and an th	e date stated abave.
220. SIGNATURE	Hell'	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) HOWARD E	HALL	22d. ADDRESS Agherroll, nd	3 Marel be
230. BURIAL, CREMATION, REMOVAL (Spenty) 3-5-60	THESLERY	Suther Beriet ( ver	wello, Tife
24. FUNERA DIRECTOR'S SIGNATURE THE STATE OF	ADDRESS Could	250. REC'D BY REGISTRAR 256. REGISTRAR'S S DATE MAR 8 '60 Corthug 8	



2190

CERTIFICATE OF DEATH

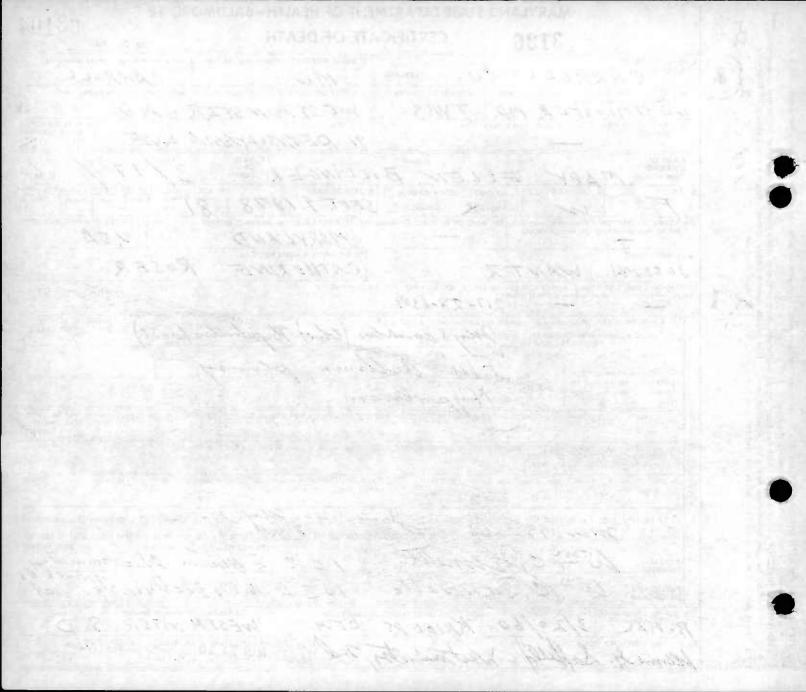
03104

3			91	60	CLI		IL OI D			Reg.	Dist. No.	
	1. PLACE OF a. COUN		2ROL	4	10. N	ARYLAND	2. USUAL RESIDI	ENCE (Where dec		institution: Resi	RR6	e admission)
X	RURAL	and give near	STIER	MD.	c. LENGTH OF S	TAY IN 16	c. CITY OR TO	OWN (If autside of	Corporate limits,	write RURAL D	nd give nea	rest town) 27
1,	d. NAME OR IN:	OF HOSPITAL STITUTION	(If not in hospi	tol, give street	address)		d. STREET AD	DRESS WASKY	MMA	AVE	. /	ON A FARM? YES NO
	3. NAME OF DECEASE (Type or p	0	ARY	First	LLEN	Bo	LLING	LER OF DE		3 Month	7 000	1960
	5. SEX		COLOR OR RA	WIDOW		RCED	SEPT. 9	.1878	9. AGE (In lost bir	thdoy) Month	-	Hours Min.
	10a. USUAL during r	OCCUPATION most of working	(Give kind of w g life, even if re	rark dane 10b. tired)	. KIND OF BUSINE	SS OR INDUS	TRY 11. 8IRTHPLA	CE (State or fare)	ign country)	12.6	U.S.A	WHAT COUNTRY
_	JOS.	EPH	WA	VTZ			CATH	EXINE	= /	POSE	R	14.18
1	7es, no. or unk		N U. S. ARMED	es of service)	SOCIAL SECURITY		FORMANT			Address		
0	Candi gove cause ( lying o	tions, if ony, rise to imm (a), stating the couse last.	WAS CAUSED MMEDIATE CAU  DU  which ediate under-	BY: SE (o) E TO (b) E TO (c) CONDITIONS	contributing to	Asli Lws DEATH BUT					ONS	P. WAS AUTOPSY PERFORMED?
	OR CON (IF EITHI	ATRIBUTING 🗌	CAUSE OF DE	ATH IER)	INJURY OCCURRED	20e. PLA	CE OF INJURY (H	lame, farm, 20f.	(City or town)	10.1	(County)	(State
/		certify that	l attended		sed fram	hat death	1.D. 10	8 . 49M, fr	am the cau SS (Street, city, a Man	ses and an		the deceased stated above DATE SIGNEI
	13 EMON	CREMATION,	3/20	FREOF 60	22c. NAME OF	CEMETERY OR	CREMATORY CEM.	22d. L	CEST H	NSTE	× 5	(State)
	23. FUNERAL	DIRECTOR'S S	IGNATURE	101. 1	ADDRESS	inter	nd	24a. REC'D 8Y RI	EGISTRAP 60 24	b. REGISTRAR'S	SIGNATUS	Tour.

Pages 1 and 2 shauld be filed with may to print the haspital strength that cartificate has been signed by the attending physician and camples page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. WSS TO HOST ALOR ATTENDING PH WSS SID TO FUNE AL DIRECTOR: Affer this (\*) Done 3 should be detached for us

ICIAN: The law requires that the death certificate be executed

ours after death. Page 4



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution; Residence before edmission) e. COUNTY Health, b. COUNTY director, Page Carroll Maryland Montgomery MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ō Silver Spring Sykesville 4 weeks e. IS RESIDENCE Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS ON A FARM? YES T NO T State Springfield Hospital Selfridge Road 3. NAME OF Middle Last DATE Yeer DECEASED OF the March 60 ve Pages 1, 2, and 5 to the PM3. Page 5 may be re pages 1 and 2 with the vithin 72 hours after d (Type or print) DEATH 19 BOWERS 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED last birthdey) Months | Devs Male White 5/18/94 WIDOWED [ DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siete or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? form PM3. Page ould be executed within 24 hours a in pencil in Item 18. Give Pages 1, done during most of working life, even il retired VIRGINIA U.S.A. Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME LORENZA WILLIAM BOWERS ELIZABETH BELL SMITH event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer or detes of service) NO 578-10-0638 Mrs. Mary C. Bowers, 12,718 Gould Road certificate should be executed 1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). Silver Spring, Md. Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Confluent Bronchopneumonia, Bilateral, IMMEDIATE CAUSE (e) DUE TO removal. Conditions, if eny, which (b) "pending" geve rise to immediate cause the word "pending" Medical Examiner's 10 DUF TO (e), stelling the underlying SBS couse fest. pesn should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be YES X and Purulent Meningitis NO Subdural Hematoma. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING IN ascence me common the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. Fell from ladder Chief / 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While Unknown et work et work Unknown execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER TX SIGNATURE 3/8/60 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) Address (Street, city, town, or county) should 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) FO TO 3/11/60 PARKLAWN CEMETERY MONTGOMERY COUNTY, MARYLAND BURIAL 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. A15ME WARNER E. PUMPHREY LINC. SILVER SPRING. MD. DATEMAR 1 1 '60 arthur & Kraul 5M 7/59 umous

LAND STATE DEPARTMENT OF HEALTH

Likes Trock. Transitio. a turiyak ta viii. March and the Control of the Control , . . TO THE REPORT OF THE PERSON OF Terminal of the contract decreases of the end. is less to a local will another francisco and the state of t THE RESIDENCE OF THE PERSON OF Will St. AMERICAN, 1877 CHIEF OF THE STREET, ST. LEGIMON HARD STREET, AND THE STREET, ST. LEGIMON STREET, ST. AMERICAN STREET, ST. AMER

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	13	1	0	G
1	, -	1.		U

3134

the death certificate be exect he attending physician and ca hen please remave carban pa nd in any event, within 72 haur	
TO HOSPIZAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect may before by the haspite pattending physician.  TO FUNDAL DIRECTOR: After the critificate has been signed by the attending physician and called page 3 should be detached for use as the burial-transit permit. Then please remove carban page the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours.	C
TO HOSPIAL OR ATTENDING may Froined by the haspin TO FUNEXAL DIRECTOR: After page 3 shauld be detached for the State Board of Health prian	8
1SM 9/S9	(M)

1. PLACE OF DEATH a. COUNTY Car	roll		MARYL		o. STATE	laryl		ved. If instituti b. COUNTY		before add	
b. CITY OR TOWN (If RURAL and give ne			c. LENGTH OF STAY IN		c. CITY OR TO	WN (If o	utside corporat	e limits, write R	URAL ond giv	re nearest t	awn)
Sykesville	oresi rowing		lyr.4mos.16	days	Bal	Ltimo	re			310	1.4
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street o	address)		d. STREET AD						RESIDENCE N A FARM?
Springfiel	d State Ho	spita	1		2030	) Jef	ferson	Street		YES	□ NO X
3. NAME OF DECEASED (Type or print)	Fir Frai	ncine	Middle Edna		Bright	,	4. DATE OF DEATH	March		Doy 25,	1960
S. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED		ATE OF BIRTH			AGE (In years lost birthdoy)	Months D		1
Female	White	WIDOWE	D DIVORCED		ecember	24,	1889	70 yrs.	Months	ays Hou	urs Min.
10a. USUAL OCCUPATIO	N (Give kind of work on his life, even if retired)	dane 10b. I	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (State o	or foreign caun	itry)	12. CITIZE	N OF WHA	ATCOUNTRY
Dressmake						land			U.	S.A.	
13. FATHER'S NAME	1 3 3 4 1 5		Total Carlo	14	. MOTHER'S A	MAIDEN	AME				
Edward S.	Bright				Anjea	annel	de Holi	ldayoke			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFOR	MANT			Add	ress		
No	-		•	S	pringf:	ield	Hospita	al Reco	rds		
PART I. DEA:  4 2 2,  Conditions, if or gove rise to in couse (a), stoting I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which (b) Immediate (c)  DUE TO  (c)	) A1	rterioscler						VEN IN PART I	Year	
U. D. D. ASS  20a. ACCIDENT WA  OR CONTRIBUTING	oc.with ce	rebra	I arterios o	leros	is with	n neu	rotic	reaction	n.	PE	RFORMED?
20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yes	While of wark	Nat while	factory,	OF INJURY (H street, office	bldg., etc.	)			unty)	(Stat
21. I certify that saw the deceast 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	0/0	4/60 Lu	led the deceased f	ram.Oct hat deat M.D.	ATTENDING PHYS. 22d. ADDRES	at 5:4	DAMom the	rch 25, se causes an STAFF PHYS.	nd an the	date sta	225. DATE SIGNE /25/60
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	Mar . 21/6		23c. NAME OF CEMET	Cem.	EMATORY			ON (City, town,	or county)	(	Stote)
24. FUNERAL DIRECTOR'S		Son	ADDRESS 2	ans	1		BY REGISTRA	R 2Sb. REGI	ISTRAR'S SIGN		

3134 CHIPTONE OF DEATH Andrea Carrier III The state of the s appointing the special man and the second fundment a date of the osegas fail a minute a

27

and \_

papers. campi

carban

remove

pup

physician

attending

þ

has been signed

ertificate the burial SD

attending physician. burial-transit P

permit.

crematian,

0

SICIAN: The law requires that the death certificate be

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATIST

MARYLAND

c. LENGTH OF STAY IN 16

Middle

DIVORCED |

2 mo

building

ICAL	RESEARCH	AND R	ECORDS	- BALTIA	MORE 1,	MARYLAN
CE	RTIFIC	ATE	OF D	EATH		

03107

12. CITIZEN OF WHAT COUNTRY?

U.S.

(County)

(State)

	90,
the funeral directar, shauld be filed with	横
- 0	00

3135 PLACE OF DEATH o. COUNTY Carroll b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) rural -- Sykesville d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION NAME OF DECEASED (Type or print) haurs after death S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED white WIDOWED DO male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af working life, even if retired) retired contractor 13. FATHER'S NAME within George Cargill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO and remayal

2. USUAL RESIDENCE (Where a. STATE Penna.		Residence	before admission
c. CITY OR TOWN (If outside	le corporote limits, write RUR	AL ond giv	e nearest town)

Elkins IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO I 4. DATE OF DEATH Manth Day Year 3 1960 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths 10-20-1868

Alabama

14. MOTHER'S MAIDEN NAME Ella Reynolds

17. INFORMANT Address Ellicott City, Md. Tda Weber

	110		THE PARTY OF		
	18. CAUSE OF DEATH [Enter only	one cause per line far (o), (b), and (c).]	041	1 -	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: COUNTY	ary The	motolex	1 /2
	420.1	DUE TO	104	2 1/1	- 171
	Canditions, if any, which	(b) · Yer	I - Usel	100 100 i	wer war
	cause (o), stating the under-	DUE TO	10/	1. /	01
7	lying cause last.	(c)	x xxxy	Mull	
TION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT REVATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART (0) 19. WAS AUTOPSY PERFORMED?
<u>S</u>		Karfts	1-1/an	Mula co	MEMO TES   NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour a. m While Nat while ot work ot work p. m.

20f. (City or town)

21. I certify that (1) (this haspital) attended the deceased fram. , and that death accurred at M, from the causes and an the date stated above. saw the deceased alive on

220 SIGNATURE ATTENDING PHYS. M.D 22c. BHYSICIAN'S 22d. ADDRESS NAME ITYO

23b. DATE THEREOF

4-1-1960

23d. LOCATION (City, town, or county) (State)

Carroll Co., Maryland

STAFF PHYS.

24. FUNERAL DIRECTOR'S SIGNATURE Waltz,

BURIAL CREMATION.

Winfield, Maryland

Ebenezer

23c. NAME OF CEMETERY OR CREMATOR

25a. REC'D BY REGISTRAR DATE

MED. DIRECTOR

25b. REGISTRAR'S SIGNATURE Cirthur & Krous

page 3 shauld be detached far the State Board of Health prior by the haspi AL DIRECTOR: OR TO FUR

VR A15 (4) 15M 9/59

2000 Ponne F. F. F. Control D cural-extension 2 mo Boti-05-01 Tee Town eline olam Amounta guibling researance besiden George Corpill hre. Ins heber, allicott City, mi. 3-20- 6 hardyndi. ob lerow Barfyren ,bisinew ,coic . 2 . . 18 416

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATE

VS A1S (4)

STORE THE CHIMING OF THE PROVIDE LACKTEL COMPTENDED TO THE TOWN LATER TO We will the little with the state of the second The state of the s PRANK PLACES SEEHS SEEN STANKS ELEVAN CHESCOSCOTO TO SENSE DE LIGITA PALLAN SEEM HOLDEN AND SEEM HAKED The transfer of the second and the second management and and and testing entry on a first with the second of the second ALT - ROBERSHIP BURNESH BURNESH CALL CALLED 

VS. A15ME(5) 5M 9/55

03109

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Z Year 19 IF UNDER TYEAR IF UNDER 24 HRS. Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO D (County) (State) Inquiry \ and find that DATE SIGNED (State) ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAK arthur S. Kraus DATE

S CERTIFICATE OF DEATH	NEDICAL EXAMINER
AND THE RESERVE OF THE PARTY OF	A PARTY OF THE PAR
	Hardy Market and the second of the Parket
	A STREET WAS THE STREET WAS A
	to the transfer of the state of

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	DIVISION OF	SIMILAND MESELMAN LAND		
120		CERTIFICATE	OF DE	ATH

1. PLACE OF DEATH o. COUNTY	MARVIAND	2. USUAL RESIDENCE (	Where deceased	lived. If institutio b. COUNTY	n: Residence b	efore admis	sion)
Carroll	MARYLAND		yland		dity		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (		ote limits, write RL	IRAL ond give	nearest tow	n)
Sykesville	37 years		timore_		/	U 107	SIDENCE
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS	sière S	Trusa Ho	501	ONA	FARM?
Springfield State Hospit				1111-11			I
NAME OF DECEASED (Type or print)  Alice Ma	Middle Garvey G	ardiner	4. DATE OF DEATH	Mar <b>d</b> h	12	Day	Yeor 1960
	RRIED A NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 Y	EAR IF UND	
	WED DIVORCED	12/13/79		80 yrs.	Months Do		Min.
Do. USUAL OCCUPATION (Give kind of work done 10	6. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Ste	ote or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY
during most of working life, even if retired) Housework	FEBRUARY CO	Maryl	and	Sams Pay	Uni	ted St	tates
3. FATHER'S NAME	E LONG, CONTRACTOR	14. MOTHER'S MAIDE	N NAME			4	
Peter Garvev		Marv	Hogan				
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT		5806 HAT	Win Ave	. Bal	to.
(Yes, no, or unknown) (If yes, give wor or dates of service)		Daughter: Mr		Richard	ls		
18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			WILL THE		INTERVAL B ONSET AND	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ronchopneumonia					2 weel	
9047 DUE TO	. Ollollo prio amiona.	-				77 - 7	
	0.7.11						
Conditions, if only, which	racture of Pubia						
gove rise to immediate Couse (a), stating the under-							
lying couse lost. (c)							
	S CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WAS	AUTOPSY
Schizophrenic reacti	on hehenhrenic	type				_	ORMED?
20g. ACCIDENT WAS UNDERLYING 1 20b. D	ESCRIBE HOW INJURY OCCURRE		in Port I or Part	II of item 1B.)			
PART II. OTHER SIGNIFICANT CONDITION  Schizophrenic reacti  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Fell down						
20c. TIME OF INJURY Month, Doy, Year 20d Hour Thom. Wh		ACE OF INJURY (Home, f		or town)	(Cou	nty)	(Stote
Hour Jum.	ile Idol while	ctory, street, office bldg.,		esville	Carrol	7 Man	vland
	9 9 1 110	spital		- /			
21. I certify that (I) (this haspital) atte			1960_ , .ta	- /		, that (I)	,
saw the deceased alive an 3/12	19_60, and that	death accurred at _	2.M fram	the causes an	d an the d		a abave 2b. DATE
Claristini Oll (	Pambo	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3/12/	60 '	SIGNE
22c. PHYSICIAN'S Agustin del C	ampo M.D.	22d. SDDRESS YKESVI	lle Ma	ryland			
	* 1						
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town,	or county)	(Sto	ote)
BURIAL 3/15/60	CATHEDRAL	CEMETERY	BALTO				
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. R	MAR 1 6 1	RAR 2Sb. REGI	strar's sign		
WIEDEFELD & SON-GREEN	NMOUNT AVE &	22ND DATE	MININ I O		J. 1	A 24010m	

ours after death. Page 4 In by the funeral directar, and 2 shauld be filed with 515 Pages 7 hours after death. DEUTRAL DIRECTOR: After the criticate has been signed by the attending physician and completed 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. The State Board of Health prior to buriol, cremation, or removal, and in any event, within a bars after the State Board of Health prior to buriol, cremation, or removal, and in any event, withing a bars after the State Board of Health prior to buriol, cremation, or removal, and in any event, withing a bars after the State Board of Health prior to buriol, cremation, or removal, and in any event. SICIAN: The low requires that the death certificate be executed attending physician. TAL OR ATTENDING PHY TO FULY AL DIRECTOR: After the TO HOS

VR A1S (4) 1SM 9/S9

Brotherfull Territorial transfer in the second and the second s Account of the second of the s 

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

24a, REC'D BY REGISTRAR

DATEMAR 3 1 '60

24b. REGISTRAR'S SIGNATURE

Orthur & Health

(State)

22b. DATE THEREOF

220. BURIAL CREMATION,

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

0 VS A15 (4) 1SM 9/SS

The second state of the se	and the same			
				- North Control
		Literature Tr		AND STREET STREET
The state of the s				
AND THE REPORT OF THE PARTY OF				
				PRINCE KEED
The state of the s	E HARY STRANG KENYA	neer Oly	a Triberty Livi	1 4 4
			727	
		Boots Rev.		
Biglion Charles at Temporary and the Control of the				
Company of the Compan				

. TO SHOULD PLAN I DAYS IN TURN OF THE PARTY O THE SHARE LEVEL IN POST OF The office of the standard of

3127

CERTIFICATE OF DEATH

03113

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNT b. COUNTY MARYLAND c. CITY OR TOWN (If poliside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES TI NO TE NAME OF Middle 4. DATE Circo Lost Month Day Year DEATH (Type or print) 10 IF LINDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED THEVER MARRIED B. DATE OF RIRTH last birthday) Months Days Hours Min WIDOWED [7] DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) da DUE TO Conditions, if ony, which gave rise to immediate DUE TO cotse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (State) (County) factory, street, office bldg., etc.) o. m. While Not white 19 of work at work mar. 4 " 1960 that I last saw the deceased 21. I certify that I attended the deceased fram march \_\_, and that death accurred at & A M, from the causes and an the date stated above. alive an huce ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'S BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Krous

with director filed ō pe ploods soth. offer Sark S 0 VS A15 (4) 15M 9/55

	CELTIFICA	TEIE	
			Security In 1884 Sec.
		11000	
The second secon		MAN TO THE STATE OF THE STATE O	
		Service A	
10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m			
			See 1 See 1
		100	
		THE RESERVE OF THE PARTY OF THE	
	The section of E	and strained	Cal spress X
Wetherstead and the state of th			

AR 390 MITTAR STATE OF ARTHUR DE MEATHER ATTAMORE, IR

24 hours after death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

may the DIRECTOR: After the trifficate has been signed by the attending physician and cample page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO FUI

VS A1S (4) 1SM 9/SS

fine in by the funeral director, ages I and 2 shauld be fitted with

M

Reg. Dist. No.

the state of the s					
1. PLACE OF DEATH o. COUNTY	MARYLAND 2. USUA o. ST/	L RESIDENCE (When		f institution: Residence	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY IN 16 c. CIT	Y OR TOWN (IF our	tside corporate limit	s, write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  A Allen A.	d. ST	REET ADDRESS	2. Gree	inst.	e. 15 RESIDENCE ON A FARA YES NO
3. NAME OF DECEASED (Type or print) RUSSELL LEE	Aiddle HAIN	Lost	4. DATE OF DEATH	Month	Doy Yeor 29 196
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER A WIDOWED DIV	ORCED   B. DATE O	F BIRTH 18	7.4 9. AGE		YEAR IF UNDER 24 Days Hours M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ESS OR INDUSTRY 11.8	PATTIME (Stote of	r foreign country)	md. 12. CITIZ	EN OF WHAT COU
13. FATHER'S NAME LESSE L. Hames	14. MO	THER'S MAIDEN NA	AME 17		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	YNO. 17. INFORMAN	L. Han	res lo	Address	tr. m
Conditions, if ony, which gove rise to immediate course (a), storing the under-lying course lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELA	TED TO THE TERMIN	eco IAL DISEASE CONDI	TION GIVEN IN PART I	PERFORMED
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRY OCCURRED. (Enter no	oture of injury in Po	ort I or Port II of ite	n 1B.)	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE Hour o. m. p. m. 19 of work of work	foctory, street	JURY (Home, farm, t, office bldg., etc.)	20f. (City or town)	(Co	unty) (S
21. I certify that I attended the deceased fram alive an 261960, doi:  ACTUAL SIGNATURE PHYSICIAN'S EIREESEWILK  PHYSICIAN'S EIREESEWILK  NAME (Type)	that death accurred Louis		M, fram the contests (Street, city	19 that I la auses and an the or town, stote)	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OR CREMATI	Cemi	les location (cit	y, town, or county) &	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  * 2 Mylers of West Me.	inter, 1	240. REC'D DATE MAR		46. REGISTRAR'S SIGN	

		The state of the s
	District Services	
	En el Buck	
	THE RESERVE OF THE RE	
		The second secon
to proper the property or course for		
	TO EN	
The State of		

VS A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03115 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Day Year 1960 IF UNDER I YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WKS ROMBOSIS WITH HEMIPLEGIA ARTERIOSCLEROSIS YES NO 📆 (County) (State) MARCH 27 1960, that I last saw the deceased M, fram the causes and on the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE arthur & House

		AUJUST 1982/17		
				ţa,
	A relieve military			
			100	A COLUMN TO A COLU
Alexander of the second			Maria Maria	
		ALSS TO A TURN.		
The second secon	To the second	diant and him	15.	
	To the second			

#### **CERTIFICATE OF DEATH**

					keg. Disi. No.	
1.	PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Maryla	deceased lived. If institution b. COUNTY	on: Residence before ad Carroll	mission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Mt. Airy	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs)	ide corporote limits, write R		own)
	d. NAME OF HOSPITAL (If not in hospital, give street 509 S. Main St.	address)	d. STREET ADDRESS 509 S.	Main St	OI	RESIDENCE N A FARM?
3.	NAME OF First DECEASED (Type or print) MARGARET	Middle B	Lost 4	OF DEATH March	th Day	Year 19 60
5		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER I YEAR IF U	
	female white widow		1-21-1885	15 yrs.	Months Days Hou	urs Min.
10	Oa. USUAL OCCUPATION (Give kind af work done during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	fareign country)	12. CITIZEN OF WHA	AT COUNTRY?
	retired merchant Cl	othing store	Marylan	ıd	U.S.	
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
	David M. D	evilbiss	Lizzy M.	Clary		
	Yes, no, or unknown) . (If we give wor or dates of service)		Marshall Hoo	d,632 Howa	7 (7)	ston;
F	1B. CAUSE OF DEATH [Enter only one cause per li	ne for (o), (b), ond (c).]	0			BETWEEN ND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	aronary H	romfosis	2, acute	Size	medio
	420.   DUE TO	1	+ arteriosele		<	
	Conditions, if any, which ) (b)	pertensive	+ arteriosele	where Carde	verenlan	
	gave rise to immediate Couse (a), stating the under-			decease	about.	18 years
	lying cause lost. (c)					
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIV	PE	AS AUTOPSY RFORMED? NO
CEPTIEL	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	t I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. While p. m. 19	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that I attended the decease	ed from hov.	1957 to	march, 1x0,	that I last saw the	deceased
	alive an obec, 29 19		accurred at 750A.M	from the course on	d on the date sta	ted abave
Г	1000	and mar deam	AD	DRESS (Street, city or town,	state)	DATE SIGNED
	ACTUAL SIGNATURE WAS CILL	well	M.D. 900 Sa. 1	main St.	3/1	2/60
	PHYSICIAN'S W. B. CULWE	LL	MtAir	y Md.		
2	20. BURIAL (SPECIFY)  BURIAL 3-15-1960	22c. NAME OF CEMETERY O		d. LOCATION (City, town, or Prederick C	,,	State)
23	C. M. Waltz, Wir	ADDRESS Md.	24a. REC'D B	D 4 F 100	STRAR'S SIGNATURE	7.44

in by the funeral director, and 2 shauly be filed with urs after death. Page 4

may a fained by the haspital itending physician. **D FUNERAL DIRECTOR**: After this extificate has been signed by the attending physician and camples page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after deaths.

ICIAN: The law requires that the death certificate be executed

System 10 Host and 10 ATENDING PHYSICAL OR ATENDING PHYSICAL OF The Hospital May 1 To FUNEXAL DIRECTOR: After this page 3 should be departed for use

			3917	
Corret	Smalyana		Morrab	
	yti. die	45 yze	lry	. 33
7C a	101 .E 108 -		. 76 miles .	8.05
Angel 12,	1000	, "	Tamas fast	
3	1-21-1885	X.	19704	o Lame T
45.4	insiviant u	tota guiditei	diamona.	beulter
modeses.	Liker H. Cla	asidilyeu	.W bivsu	
AND AND ADDRESS OF ADD			P. SUL	

21/2

Reg. Dist. No.

03117

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  Springileld State Hospital  3. NAME OF DECEASED (Type or print)  S. SEX  O. COLOR OR RACE  Middle  Horn  O. DATE  ON A FARMS YES ON A FARM							
b. CITY OR TOWN If countide corporate limits, write #_ENTRO 0.514\text{No.12} b. Baltimore  1. Syriesyille 1. Syriesyille 1. Syriesyille 2. NAME OF INSTITUTION (Give Intered oddens) 3. NAME OF INSTITUTION (Give Intered oddens) 4. SEEL SOUTH CHEETER TOWN (Give Intered oddens) 5. SEX	a. COUNTY	o. STATE b. COUNTY					
Continue of the continue of	b. CITY OR TOWN (If outside corporate limits, write TENGTH OF STAY IN 1b. RURAL and give nearest town)	c. CITY OR TOWN (If ou	tside corporate limits, write RU	JRAL and give nearest town)			
3. NAME OF CELASED WILLIAM Middle Lost Lost Lost Lost DATE Month Day Year DEED CELASED WILLIAM JOURNET LOST LOST LOST LOST LOST LOST LOST LOS	1- Sykesville 46-3-2day.			3 401.4			
DEEASED (Type or print)    DEEASED (Type or print)   Section   Sec	Springileld State Hospital	a. STREET ADDRESS 218 South	et   e. IS RESIDENCE ON A FARM?				
Male White WIDOWED DIVORCED 2-26-1887 73 yr. Months Doys Hours Min.  100. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY  Mary James 11. BIRTHFLACE (sole or foreign country)  112. CITIZEN OF WHAT COUNTRY?  Mary James 112. CITIZEN OF WHAT COUNTRY?  Mary James 113. FATHER'S NAME  Frederick Horn  IS. WAS DECEASEDEVER IN U. S. ARMED FORCES?  IN. M. M. S. ARMED FORCES?  IN. M.	DECEASED		OF	00 10			
Male White WIDOWED DIVORCED 2-26-1887 73 yr. Months Doys Hours Min.  100. USUAL OCCUPATION (Give kind of work done)  101. MIND AND WILLIAM OF BUSINESS OR INDUSTRY  MANY DAY MANDEN NAME  Frederick Horn  13. FATHER'S HAME  Frederick Horn  15. WAS DECEASEDEVER IN U. S. ABMED FORCES?  10. SOCIAL SECURITY NO.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c)]  19. TART I. DEATH WAS CAUSED BY.  10. Conditions, if only, which gave rise to immediate course (o), stoting the under Dut to Using course lost.  10. Recently leftsifed hemiparesis  10. Dut 10  10. Recently leftsifed hemiparesis  10. Detail Contribution of Contribution Contribution Course (o), stoting the under Only one course per line for (o), (b), and (c) on the terminal Disease Condition Given in Part 1(o) 19 WAS AUTOPSY PERFORMED TO CONTRIBUTION CONTR	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years				
Maryland   U.S.A.	Male White WIDOWED DIVORCED		73 yrs.				
Maryland   U.S.A.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Second December   Second Dec		Maryland U.S.A.					
S. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   Springfield State Hospital Records	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME				
15. WAS DECEASED EVER IN U. S. ARRED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   Name or details of university   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).	Frederick Horn	Kunigunda	Rotherhause				
Springfield State Hospital Records   Interval Between   Interval Bet	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   Ceberal Vascular Accident   DNET ON SET AND DEATH ONSET AND DEATH	The state of the s						
PART I. DEATH WAS CAUSE BY.  IMMEDIATE CAUSE (c)  Ceberal Vascular Accident  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under Uying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMACE? YES NO SCHOOL OF THE CONTRIBUTING CAUSE OF DEATH SUPPLY OF THE CONTRIBUTION CONTRIBUTION CONTRIBUTING CAUSE OF DEATH SUPPLY OF THE CONTRIBUTION CAUSE OF THE CONTRIBUTION CAUSE OF DEATH SUPPLY OF THE CONTRIBUTION CAUSE		TIMETTETA OVA	re moshrear we				
DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) Schizophrenic reaction, catatonic type  20a. ACCIDENT WAS UNDERLYING CONCERNED OR CONTRIBUTING CONCERNED OR CONTRIBUTING CONCERNED OR CONTRIBUTING COLUMN AS UNDERLYING COLUMN							
Conditions, if ony, which gove rise to immediate couse (o), stoting the under:  (c) Recently leftsifed hemiparesis  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY YES NO SO. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF DEATH OF CAUSE OF DEATH OF COLUMN AS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEATH OF COLUMN AS UNDERLYING OF CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF DEATH OF COLUMN AS UNDERLYING OF COLUMN AS	IMMEDIATE CAUSE (o) OEDETAL VASCULAL	ACCIDENT		2 HILLI.			
gove rise to immediate couse (a), stoting the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SCHIZOPHYPHIC TO CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SCHIZOPHYPHIC TO COUNTRIE WAS UNDERLYING TO CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO SCHIZOPHYPHIC TO COUNTRIE WAS UNDERLYING TO COUNTRIE WAS UNDERLY WAS UNDERLY WAS UNDERLYING TO COUNTRIE WAS UNDERLYING TO COUNTRIE WAS UNDERLY W							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITIONS	Continuity, William						
Schizophrenic reaction, catatonic type   200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.)   19. WAS AUTOPSY PERFORMED? YES NO   NO   NO   NO   NO   NO   NO   NO	couse (a) stating the under DUE TO						
20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTION   COUNTY   CAUSE OF COUNTY   CAUSE OF	Kocent is lette	ifed hemipares	sis				
20c. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING   CAUSE OF DEATH OR CONTRIBUTION   COUNTY   CAUSE OF COUNTY   CAUSE OF	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY			
200. ACCIDENT WAS UNDERLYING   20th DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.)  200. TIME OF INJURY Month, Doy, Year Hour a.m., p. m. 19 of work   20th this work   2	Schizophrenic reaction, catatonic typ	e					
21. I certify that I attended the deceased from	200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Po	ort I ar Port II of item 1B.)				
21. I certify that I attended the deceased from	20c. TIME OF INJURY Month, Doy, Yeor 20d. tNJURY OCCURRED 20e. PL While Not while for work of at work of			(County) (Stote)			
alive an March 28 , 19 60 , and that death accurred at 5:110 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE		10E2 . N.					
ACTUAL SIGNATURE  ACTUAL SIGNA							
ACTUAL SIGNATURE WYON Wizankowsky Sykesville, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 3/31/60 Immanuel Cem.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  Springfield State Hospital 3-28-60  Sykesville, Maryland  22d. LOCATION (City, town, or county)  Balto. Md.  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  APR 1 '60'  ADDRESS	alive an March 20 , 19 00 , and that death						
PHYSICIAN'S Myron Wizankowsky  220. BURIAL, CREMATION, 220. DATE THEREOF 3/31/60  221. NAME OF CEMETERY OR CREMATORY Balto. Md.  222. NAME OF CEMETERY OR CREMATORY Balto. Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  APR 1 60	Lecture (Mississipper						
NAME (Type) MYTON WIZANKOWSKY()  Sycesville, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 3/31/60  22c. NAME OF CEMETERY OR CREMATORY  BURTLE Pecify 3/31/60  22d. LOCATION (City, town, or county)  Balto. Md.  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  APR 1 60	SIGNATURE IVY VOIL IN PRINCE LAND	No. Springf	Leld State Hos	pital 3-28-60			
NAME (Type) MYTON WIZANKOWSKY()  Sycesville, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF 3/31/60  22c. NAME OF CEMETERY OR CREMATORY  BURTLE Pecify 3/31/60  22d. LOCATION (City, town, or county)  Balto. Md.  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  APR 1 60	PHYSICIAN'S						
22c. NAME OF CEMETERY OR CREMATORY BUTTLE Decify 3/31/60  22c. NAME OF CEMETERY OR CREMATORY Balto. Md.  22d. LOCATION (City, town, or county) Balto. Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24d. REC'D BY REGISTRAR APR 1 60	NAME (Type) Myron/Wizankowsky	Sykes	ville, Marylan	d			
3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	or county) (Stote)			
APR 1 '60' OU	Burtaled 3/31/60 Immanuel	Cem.	Balto. M	ld.			
Jaul a Heeman DATE APRI OU CARLUN S. Kenns	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		4 100l				
(1) 11 le 1 Pal.	(aul a Hooman	DATE	THAT OU	Trilling S. Kenna			
	161711	1-1 Pal.					

TO HOST ALOR ATTENDING PRESIDENT: The four requirement of the difference of the difference of the difference of the difference of the best signed by the difference of the brightness of the brightness permit. Then please remove corbon papers, the registrar priar to buriol, cremotion, or removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/5B

urs after death. Poge 4

(in by the funeral director, and 2 shauld be filed with

All considerate than a local property THE STATE OF THE PERSON OF THE PROPERTY OF THE PERSON OF THE PARTY OF THE PROPERTY OF THE PERSON OF y nonger with second Darried S/31/co lamaged Con. Ballo, elfal

VS. A15ME(5)



# MEDICAL DIAMINERS CERTIFICATE OR DEATH A DECEMBER OF THE PROPERTY OF

startle h

d. STREET ADDRESS

Kephart

Feb. 18.1862

8. DATE OF BIRTH

MARYLAND

c. LENGTH OF STAY IN 16

h Years

Middle

DIVORCED [

Allen

e. 15 RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

Days

ON A FARM?

YES T NO T

Year

1960

Rea. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years last birthdoy)

98

Sykesville Baltimore

3700 N.Charles Street

4. DATE

DEATH

b. COUNTY

March

yrs.

Months

I. PLACE OF DEATH

Carroll

b. CITY OR TOWN (If outside corporate limits, write

Grandview Nursing Home

d. NAME OF HOSPITAL (If not in hospital, give street address)

White

Howard

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED IX

RURAL and give nearest town)

Sykesville

OR INSTITUTION

o. COUNTY

3. NAME OF

DECEASED

(Type or print)

Male

shauld

ofter death.

certificate

the death

comple burial-transit

0

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Construction USA Medera, Pa. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lavina Shoff Daniel Kephart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT John W. Lohr, Elkins, West Virginia No None 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Generalized arteriosclerosis many years PULTUR Chronic hypertensive cardiovascular disease Conditions, if ony, which many vears gove rise to immediate DUE TO couse (o), stating the underadvanced senile changes lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. Po 21. I certify that I attended the deceased from 1 March 1956, to 11 March 1960 that I last saw the deceased glive on 11 March \_\_\_, and that death accurred at 3:15AM, fram the causes and on the date stated above, ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Liberty Road at Eldersburg ploods PHYSICIAN'S NAME (Type) Wm. H. Lawson, Jr., M.D. Sykesville 2. Maryland 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. REMOVAL (Specify) Mar. 11. 1960 Maplewood Cemetery Elkins, Randolph Co., W. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Sykesville, Md. VS A15 (4) DATE 15M 10/57

the second secon to business of no two controls and the real part of the second part of the second seco ARTHUR THE RESERVE OF THE PARTY , 7

### MARYLAND STATE DEPARTMENT OF HEALTH 3145 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03120

1	0110	CERTIFICA	ATE OF DEATH	
	LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	dence before admission)
_	Carrel Co		11/10/14/2011 CA	MICE
b	c. CITY OR TOWN (If autside corporate limits, write RIVRAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give nearest tawn)
-	4 MRASTILLE	> //wally	" Mestmuelle In	
-	I. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	ess Hom	1 d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
E	NAME OF PICEASED Type or print)  ANALE  First  EL	Middle 12ABE	THE LOST 4. DATE Manth OF DEATH MANAGE	Day Year 1960
S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED		ER I YEAR IF UNDER 24 HR
4	Lemal West WIDOWED E	DIVORCED [	anth Class Control of the Control of	s Days Hours Min.
7	USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. C	STIZEN OF WHAT COUNTRY
1	mal-will -		Perma.	159
1	FATHER'S NAME	-	14. MOTHER'S MAIDEN NAME	
	Charles Starres		annie miller	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOO no, or unknown) (If yes, give wor or doles of service)	CIAL SECURITY NO. 17.	INFORMANT Address S. Atlanta	Estrumstei
7	18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c),]	instruction of the sent	INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY:	Pro To		ONSET AND DEATH
ı	2 6 0 MMEDIATE CAUSE (o) DUE TO	umm pl	estoratore - chimicos	161-9
ı	Conditions if any which )	Place - Cos.	and a process	(75)
l	gove rise to immediate	The state of the	minuse francisco	10
ı	lying cause lost.	belee. art	morelistic Treat dearne	31 March
	1 10	TRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCUR	RED. (Enter nature af injury in Part I or Port II of item 18.)	125 110 2
٠	20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. While	Not while	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(County) (State
٤	р. т.	] at work [	16.09 21 mills	14.
1	21. I certify that (I) (this hospital) attended	/.		
1	sow the deceased alive on 21 11 11 11 12 12 12 12 12 12 12 12 12	ond that	deoth occurred of PM, from the couses and on t	the date stoted above 22b.DATE
	Howard E. M	fall &	M.D. ATTENDING MED. STAFF	SIGNE
	22c. PHYSICIAN'S HOWARD E	·HALL	22d. ADDRESS Aproarlle, Red	31 march
3a.	BURIAL, EREMATION, 236 DATE THEREOF 2 REMOVAL (Specify) Copyel 3 60	3c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county)	Summet 7
4,	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE

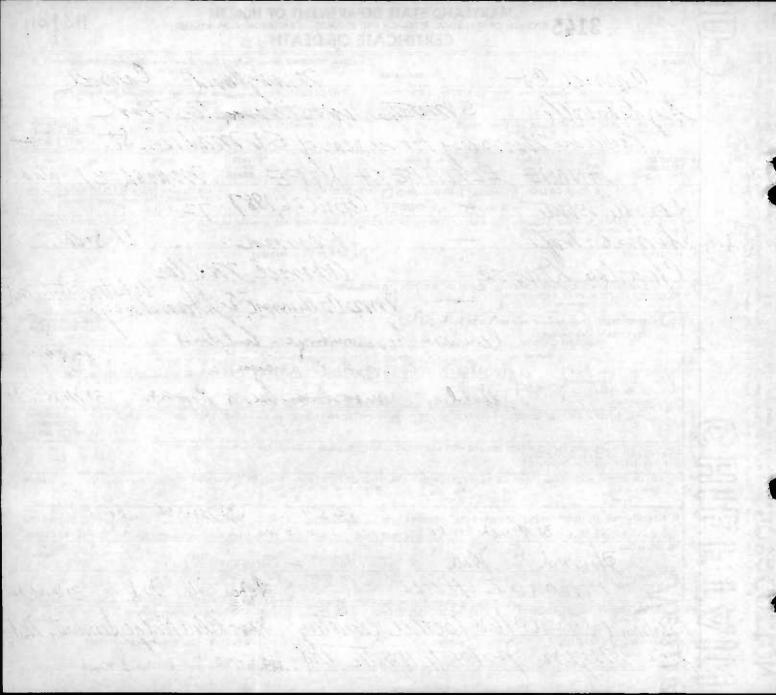
D FUNERAL DIRECTOR: After this artificate has been signed by the attending physician and camples, fille page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Baard of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: After this TO HOS may VR A1S (4) 1SM 9/59

ICIAN: The law requires that the death certificate be executed with

tending physician.

AL OR ATTENDING PHY

ained by the haspita



gurs after deoth. Page 4 filled fin by the funeral director, Pages 1 and 2 should be filed with

ICIAN: The law requires that the death certificate be executed

AL OR ATTENDING PHY

TO FUNC TO HOS may

VR A1S (4) 1SM 9/S9

DEUNCAAL DIRECTOR: After the Afficiate has been signed by the attending physician and cample page 3 should be detached for use as the burial-transit permit. Then please remove corbor pages the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours of ttending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03121

3146

**CERTIFICATE OF DEATH** 

o. COUNTARTO	1		MARYLAND	2. USUAL RESIDENCE o. STATE Mary 1	(Where decease	b. COUNT	v	arroll	ssion)
b. CITY OR TOWN (IF RURAL and give need Rural, Nr.	outside corporate limi arest town) Taney town	ts, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN Rura1, Nr.				rive nearest tow	vn)
d. NAME OF HOSPITA OR INSTITUTION Taney town,	Md. R. D.		oddress)	d. STREET ADDRES		D. 1	1	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Theodore		Middle Bertram	Koontz	4. DATE OF DEATH	2/20/	60	Day	Yeor
s. sex Male	6. COLOR OR RACE Whate	7. MARR	ED DIVORCED	8/17/1876		9. AGE (In year last birthdoy) 83 yr:	Months	Doys Hours	
100. USUAL OCCUPATION during most of working Retired Fa	N (Give kind of working life, even if retired TMCT	done 10b.	KIND OF BUSINESS OR INDU		tote or foreign of			S.A.	COUNTRY
13. FATHER'S NAME Abraham Ko	ontz			14. MOTHER'S MAID Clemen	en name tine Hal	ın			
1S. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)		nformant rs. Theodor	e B. Koo		dress ney town	n, Md.	R.D.1
Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	mediate (	, H	spectenom	Hemor Cardio. Ve	escula	Llise	ase	i O	year
ІСАТІС			CONTRIBUTING TO DEATH BU				IVEN IN PART	PERF	S AUTOPSY FORMED? NO (X
	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injur	y in Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While		LACE OF INJURY (Home, octory, street, office bldg.		y or town)	(C	County)	(Stote
21. 1 certify that sow the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	0	Pot	ded the deceased from. 1960, and that M.D. TER M.J.	death occurred of M.D. ATTENDING PHYS. 22d. ADDRESS	P.M. from MED. DIRECTOR	the causes o			
23a. BURIAL, CREMATION REMOYAL (Specify) Burial	3/31/6Q	)F	23c. NAME OF CEMETERY C			er Run,			Md.
24 FUNERAL DIRECTOR'S	SIGNATURE	Hlo	ADDRESS Littlestown,	De	REC'D BY REGIS		GISTRAR'S SIG		

HILLIH REDIRING TARE TARE THAT THE AND THE PARTY OF THE P

Etatini.		lenten.		U.o.	
	till emotion	area, ar and		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
		A HOST WATER			
		Manual Manual	na zbie il	tensions.	
		1,11			
* * *	z ( 4	at them of			
La . II , Dags	Towns, Lane,	. Szo'omó .az	telli-much		
			Lamenshay 11		
		ic X			
	100 mg		aller der selbere to Programme de la	2 V2.V2	Carrier Co.

fired on tour, In.

rs after death. Page 4

D FUNAL. DIRECTOR: After this fricate has been signed by the attending physician and camples page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. The registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 TO FUNS

TO HOSPITAL VS A15 (4) 15M 10/57

				CERT	IFICA	E OF DEATH	730		Reg. Dist. No.		
	o. COUNTY	Carrol	Ŀ	MAR	YLAND 2	o. STATMaryla	nd	ed. If institution b. COUNTY	Residence before Carrol	-	)
	b. CITY OR TOWN (If a RURAL and give near Union	outside carporote limitest les ni Bradge	ls, write	years	r IN 1b	C. CITY OR TOWN (IF C	Bridge		AL and give nea	rest town)	
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS	ural			ON A FA	PM2
	3. NAME OF DECEASED (Type or print)	HARLE		L, Middle	LOV	VERY	4. DATE OF DEATH	Month Marc	ch 12,	Yea	60
	S. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARR	IED   8. I	DATE OF BIRTH	9. /		Months Days		
L	Male	White	WIDOWE			5/11/1898		61 yrs.	IO I	Hours	Min.
	<ol> <li>USUAL OCCUPATION during most of working</li> </ol>	(Give kind af work on glife, even if retired)			OR INDUSTR			ry)	12. CITIZEN O	F WHAT CO	UNTRY?
	Farmer		0	wn farm		Maryla			US		
	3. FATHER'S NAME	first preside				4. MOTHER'S MAIDEN				11	
	<u>C</u> '	D. Lower	W.				nie V.	McCros	sin		
	5. WAS DECEASED EVER	IN U. S. ARMED FOR	rvice)	SOCIAL SECURITY NO	- 2000		1.0	Addres			
	No			nknown		ry K. Lowe	ry-wif	e-same	as 2d		
	18. CAUSE OF DEATH			e far (o), (b), and (c)	).]	W.		1	INTE	RVAL BETW	EEN
1	PART I. DEATH	WAS CAUSED BY:	0	VOV	200	MAM	12001	Moc	12	LI AND DE	AIII
	420.1	DUE TO			^	10					
1	Conditions, if any								7 7 3		
1	gave rise to imp										
1	lying cause last.	(c)									
	PANT II. OTHER	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CO	ONDITION GIVEN	IN PART 1(o) 1	PERFORMI	ED?
- 1		CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY (	OCCURRED. (	Enter nature of injury in	Port I or Part II o	of item 18.)			
	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeo	While of work	Not while at wark	20e. PLACE foctor	OF INJURY (Home, form, street, affice bldg., etc.	20f. (City or I	lawn)	(Caunty)		(Stote)
	21. I certify that	t Lattended the	decease	ed from	11	1954 10/	1011	110/01	that I last sa	w the de	coared
1	alive and o	7/1/	19.6		t Beath o	corred at	M, fram th	~ ~			
1	7700	11 2	21/	1/2/	, dedin d		ADDRESS (Street)				SIGNED.
	ACTUAL SIGNATURE	TH//	12	ken	M.D	Imm	nD	nelle	1 ma	1 m	7/0
	PHYSICIAN'S NAME (Type)			sler, MD.				Bridge	-4		
1	Po. BUKIAL, CREMATION, REMOVAL (Specify) BUTLAL	3/16/6		Darnest		church Cem	_	(City, fown, arestown	county) , Mary	(Stole) Land	
1	3. FUNERAL DIRECTOR'S	SIGNATURE Pumphr	ey	Bethesda	, Mar	yland 240. REC	D BY REGISTRAR	24b. REGISTI	PAR'S SIGNATUR	E	

SI SROMISIAS-BY ALLED THE TOWER STATE ON A SYNA CERTIFICATE ORDERTH

Elonen

Union Oridge, Miles

en in in its and Durante Charles The Land Comment of the Comment of

DESTRUCTION OF STREET OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03123

M

ond 2 shauld be filed with 015

Turs after death. Page 4

Pages 1 ofter death. The attending Fry,
Then please remave carbon papers,
and in any event, within 72 haurs offe

To be a property of the haspital strength of the complex of the content of the complex of the content of the complex of the co ICIAN: The law requires that the death certificate be executed AL OR ATTENDING PHY TO HOS

on C off	Burlal
D - D	24. FUNERAL DIRECTOR'S SIGNAT
VR A1S (4) 1SM 9/S9	1. Cheich

1. PLACE OF DEATH a. COUNTY	arroll		MARY	LAND	2. USUAL RESIDENCE (Who o. STATE Maryl		d lived. If institut b. COUNTY	ion: Residence Garr	e before admi	ission)
b. CITY OR TOWN (I RURAL and give I Sykes Vil	If autside corporate limi ecrest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF o		rote limits, write l	RURAL ond gi	lye nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION Springfi	TAL (If not in hospital, g	ive street HO	spital		d. STREET ADDRESS Route 2				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Fir Amo		Middle C •		Martin	4. DATE OF DEATH	March		Day	Yeor 19 60
Male	6. COLOR OR RACE White	7. MARE	RIED MEVER MARRII		MATE OF 20H 188	86	9. AGE (In years last birthday)	Months 1	Doys Hour	7
o. Usual occupation of which the common of t	ON (Give kind of wark of Arthing to if retired 1	lone 10b. OW	n Farm	R INDUS	TRY 11. BIRTHPLACE (State	ar foreign c and.	ountry)		U.S.A	
3. FATHER'S NAME	Poten E	Mox	de di sa		14. MOTHER'S MAIDEN N					
	Peter F.				Unknown	⊢ Eli				
5. WAS DECEASED EVE Yes, no. or unknown!	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervicet	6-38-150		pringfield	Hosp		cords		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c). yocardial	•	farction				onset an Days	D DEATH
Conditions, if o	mmediate (	A:	rterioscl	ero	sis obliter	ans			Year	S
cause (a), stoting lying cause lost.	the under- DUE TO	В.	ronchopne					8113	Days	
PART II. OTI  C. B. S. 3  200. ACCIDENT W. OR CONTRIBUTING  (IF EITHER, NOTIFY	HER SIGNIFICANT CON ASSOC. WITH	DITIONS O	nile brai	n d	NOT RELATED TO THE TERMI	DSY	chotic	react	10n PERF	ORMED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in I	Port I ar Por	t II of item 1B.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	While	NJURY OCCURRED  Not while t ot work	20e. PLA foo	ACE OF INJURY (Home, farm story, street, office bldg., etc	20f. (City	or tawn)	(Co	ounty)	(State
					January 250 eath occurred of 0:					
220. SIGNATURE	strii de	el.	Campo		M.D. ATTENDING MI	ED. RECTOR				226. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	Agustin	del	Campa, M.	D.	Springfi	eld	Hospita	l,Syk	esvil	le,M
30. BURIAL, CREMATIC REMOVAL (Specify Burial	3/13/19		23c. NAME OF CEM			-	rett Co		, Md.	ote)
4. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS /	11		D BY REGIS		istrar's sig		

more and the south society

(a) Sac 1800 Her homeo forward Sarye to Same to the second of the second

alter in the contract of the c

\_\_\_\_\_\_or

If any delay is necessary, please exe-ion director. Page 4 should be you files.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03124

	3149 ME	DICA	LEXAMINEK	3 CEKIIFI	CAIE	Or D	EAIR	Reg.	Dist. No	<b>)</b> .	
1.	PLACE OF DEATH S. COUNTY Carroll		MARYLAND	2. USUAL RESID	ENCE (Where		ved. If institution b, COUNTY			fore odm	-
	D. CITY OR TOWN (If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16				e limits, write			7	
	Sykesville		12yrs.3mos		_					X- 3	
-	I. NAME OF HOSPITAL OR INSTITUTION (IF	ant in hour		d. STREET AD		acon	rng			-	ESIDENCE
							C1.1			ON	A FARM?
=	Springfield State				Wash						] NO [
	DECEASED		Middle	Last		DATE OF	Month		Day		fear
	(Type or print) Mary	7		McGee		DEATH	March		7	_	9 60
5. :		7. MARRIE		B. DATE OF BIRTH		9. 4	GE (In years of birthday)	Months	R TYEAR	Hours	Min.
	I CHICLE WILL DO	WIDOWED		Unknow		1	+5 yrs.				
100	. USUAL OCCUPATION (Give kind of work di luring most of working life, even if retired)	one 10b. Ki	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (Slote or fo	oreign count	γ)	12. CI	TIZEN O	F WHAT	COUNTRY
	None		none		vland				U.S	5.A.	
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAM	E					
	James McGee			Un	known	1					
	WAS DECEASED EVER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	Corn		Address				1
(	No -	, vicej	-	Springf	ield	Hospi	ital B	eco	rds.		
	18. CAUSE OF DEATH [Enter only one caus	per line f	or (a), (b), and (c).	1			,		INTE	RVAL BETW	EEN
	PART I, DEATH WAS CAUSED BY:	N111	Hiplo lin	ra ahs	COCSI	0941	brane	hob	noi	I M	inia
ñ	IMMEDIATE CAUSE (o)	D.D.	01101100	140000	(-0.01		7 0110	1100	461	da	45
	Conditions, if ony, which)	BK	SNUHIEC	14515	-	-		_	1	100	101
	gove rise to immediate cause					-				16.4	NY
	(a), stoting the underlying DUE TO									ante	
7	PART II. OTHER SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH BUT	NOT PELATED TO TH	HE TERMINIAL	DISEASE CO	NOITION GIV	ENI INI PA	PT 1/01 1	O WAS	ALITOPSY
JO.	Mental deficience	y Wi	thout psych	losis. i	mbeci	lity	NADITION OIL	LIN IN IA		PERFO	DRMED?
CERTIFICATION										YES T	но 🗌
RTI	PRIMARY Or CONTRIBUTING	. DESCRIBE	HOW INJURY OCCURRED. (	tnier nature of inju	ry in Port I or	r Part II af it	em 1B.)				
	CAUSE OF DEATH.										
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m.	20d. If	Not while for	CE OF INJURY (Ho tory, street, affice b	me, form, i 2 ldg., etc.)	20f. (City or t	own)	(C	ounty)		(Stole)
ME	p. m. 19	of wor	I AOI MUHE								
	21. I certify that I taok charge	of the re	emains described abo	ave, held an A	utapsy [	Inspe	ection []K	Inqu	iry 🕽	and	find the
	death resulted fram: Natural o	auses [	], Accident [], Su	icide , Ha	micide [	7, Unde	termined c	ause [	7.		
	1	60			- 3 7						
13	SIGNATURE POSICES .	11	( soul)	M.D. CHIEF MEI	DICAL EXAMI	NER 🗍				DATE S	SIGNED
Н					T MEDICAL E	XAMINER [					
	EXAMINER'S James T	. Ma	rsh, M.D.	DEPUTY M	EDICAL EXAM	MINER A	ic.		3	/11	160
220	BURIAL, CREMATION, 226. DATE THEREOF	1	22c. NAME OF CEMETERY OF	CHEMATORY	220	d. LOCATION	(City, town, o	or county!		(Slat	e)
	Berry 3-15-	60	Konason	iie i		Time	ean.	sil.		m.	1,
23.	FUNERAL DIRECTOR'S SIGNATURE	1)	ADDRESS		4o. REC'D BY	REGISTRAR	24b. REGIS	TRAR'S S	IGNATU	RE	
1	M. Clebera - A	ona	coning, m	206-1	DATE MAR	1 5 '60	Co	ilun 2	8. The	MA	

VS. A15ME(5) 5M 9/55

or removal.

# ST ANOMITTAL - RESERVED TO TAL WARRAGE DAY OF STATEMENTS TY CO MEDICAL EXAMINER'S CERTIFICATE OF DEATH . . .

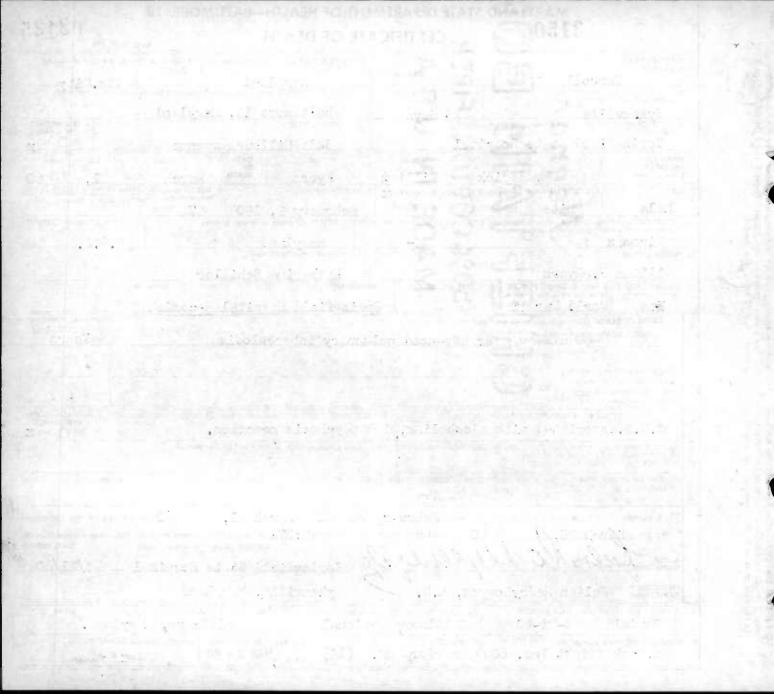
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3150 CERTIFICATE OF DEATH

03125

				CERTIF	ICA	IE OF D	CAIL			Reg. D	ist. No		
1. PLACE o. COU	_	roll		MARYL	AND	o. STATE			d lived. If institution b. COUNTY				
		outside corporate limi	ts, write	LENGTH OF STAY II	N Ib	c. CITY OR TO	OWN (If o	outside corpo	prote limits, write R	URAL ond	-7	11 - 1	
S	vkesvil	le		25 days		Balt	imor	e 14,	Maryland		3	101	,4
d. NAM OR I	of Hospita Institution Ipringfi	eld State	Hospi	dress)		d. STREET AC		Thurn	Avenue			ON /	SIDENCE A FARM? NO
3. NAME	OF	Fir	-	Middle		Last		4. DATE	Mor	th	Do	ру	Year
(Type o		Fred	lerick	Willi	am	Myen	20	OF DEATH	March		27		19 60
5. SEX				D NEVER MARRIED		DATE OF BIRTH			9. AGE (In years				ER 24 HRS
Ma	le	White	WIDOWED			Februar	77 O	7003	lost birthdoy)	Months	Days	Hours	Min.
during	g most of working		done 10b. KI	ND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (Stote	or foreign c	ountry)				COUNTRY
13. FATHER	ireman			-		Man 14. MOTHER'S	ylan				U.S.	A	
	lliam H	4	T		1		rine	Schi.					
15. WAS D	DECEASED EVER	IN U. S. ARMED FOR yes, give war ar dates of s	CES? 16. SC ervice)	OCIAL SECURITY NO.	INI	FORMANT			Add	ress			
	es W	orld War ]	T	-	Sp	ringfie	d Ho	spita!	1 Records				
18. C	AUSE OF DEAT	H [Enter only one co	use per line	for (o), (b), and (c).]								ERVAL BI	ETWEEN DEATH
	PART I. DEATH	WAS CAUSED BY:	Far	advanced	pull	onary t	ubero	ulosi	S		014	Year	
	002				*		-						
Con	ditions, if on	which)	. 60										
gov	e rise to im	mediate (				100							
	e (o), stoting the couse lost.	e under-							X				
_		R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	INAL DISEAS	E CONDITION GI	/FN IN PA	RT 1(a)	19. WAS	AUTOPSY
CERTIFICATION OB CO (IF EIT				lcoholism,								PERF	ORMED?
20g. A				IBE HOW INJURY OC								120 _	110
OR CO	ONTRIBUTING [	UNDERLYING  CAUSE OF DEATH EDICAL EXAMINER)	100,000	ist from insom oc		Cinci noiore or							
	ME OF INJURY		- 001 1011	URY OCCURRED	20. PLA	CE OF INJURY (H	6	206 (C:h	y or town)		16		154-4
	Hour o. m.		While	_ Not while	focto	ory, street, office	bldg., etc	.)   201. (CII)	y or town)		(County)		(Stote
ž	p. m.	19	ot work	ot work	4								
21. 1	certify tha	t I attended the	deceased	fram Febru	ary	26, 1960	tolar	ch 21	, 19.60	that I I	ast say	w the	decease
				O, and that (	_								
		0. 1/2	11	nn.	. 0				treet, city or town,				TE SIGNE
ACTU	ATURE ILL	GENERA	DER	1 Kell	12	n Sprir	orfie	18 St.	ate_Hospi	tel		3/27	160
	0		1		1	7	18-1-74	المالية المالية	*********			- play - Franch	,2320
PHYSI	CIAN'S E (Type)	ulian Rado	ykowy	cz, M.D		Sykes	vill	e, Mar	ryland				
		, 22b. DATE THEREC		22c. NAME OF CEME	TERY OP				TION (City, town,	or county!		(Sto	ite)
REMG		3-24-6		Baltimore					ltimore,				107
23 FIINED	AL DIRECTOR'S	1		ADDRESS	2100		04- DEC*	D BY REGIS		STRAR'S S			
			. 6009	Ha rford	Rd.	(1/1)	1	MAR 2 4	100				
20.4	4 0 450 7		/	1100 x 1 0 2 U	Three @	(-4)	DATE	AND PERSONS	00	Irinur	4. 70	Lalle	

TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. Sours after death. Page 4 may be added by the hospital tending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleled filled haby the funeral aftertor, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B



3151

**CERTIFICATE OF DEATH** 

Don Dies No.

03126

-	reg. Dist. No.
1	PLACE OF DEATH O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) O. STATE  MARYLAND
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
H	d. NAME OF HOSPITAL (If nat in haspital, give street oddress)  OR INSTITUTION  OR INSTITUTION
	manchester KR H Manchester RX H YES NO
3	NAME OF DECEASED (Type or print)  Note of DeceaseD (Type or print)
5	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B. DAJE OF BIRTH  WIDOWED DIVORCED DIVORCED 57-19-1882  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS last birthday)  Months Days Hours Min.
1	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Achor Teacher Teachery  Work Co. Pa 21. S. A.
1	Theodore myers 14. MOTHER'S MAIDEN NAME Stermer 2011
1	(et, no. or unknown) (If yes, give war or dates of service) 2/9-14-8937 Mus Edna muers . Manchester md.
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH
	420.0 DUE TO arterioscleratio / Heart Dissare 5 mg
	gave rise to immediate cause (a), stating the under-lying couse lost.  (b)  DUE TO
Central Articles	
14.000.00	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m.  While Not while at work of twork of two twork 19
	21. I certify that I attended the deceased fram Nov , 1948, to March 23, 1960 that I last saw the deceased alive an Line 1959, and that death accurred at 4150M, fram the causes and an the date stated above
	ADDRESS (Street, city or town, stote)  ACTUAL  ADDRESS (Street, city or town, stote)  DATE SIGNED  ACTUAL
	PHYSICIAN'S W. HFOARD M.D. MANCHESTER, Md. 5/23/60
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
2	Sense Registrar 24b. REGISTRAR'S SIGNATURE 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24mm Registrar 24b. REGISTRAR'S SIGNATURE
	The state of the s

In by the funeral directar, and 2 shauld be filed with urs after death. Page 4 may to print the haspital than the properties of the catendral physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers, the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. CIAN: The law requires that the death certificate be executed TO HOSTAL OR ATTENDING PHYS may a gained by the haspital TO FUNERAL DIRECTOR: After this a

VS A15 (4) 15M 9/5B

and the same A STATE OF THE PARTY OF THE PAR to the first of the state of th is the state of th The state of the s

	SHILLIAND SIA CHINA HARM
HE OF DEATH	ADRITUDE SEES
Ligrary weeks bus would	GMAGAN Eferraci
termiliane form	advance of markets years faces
A. T. House and J. A. House	
THE STORE THE TANK TO STATE OF THE STATE OF	
.z.e.d burstyrus	piteoroul wilrecupi
Testa Pol	
	The Control of the Co
Acceptant Control Co. Sarvice 1	HINTAL TO SECURE OF STATE OF S

03128

2	4	-	-
-7	- 81	7	4
U	4	U	4.2

CERTIFICATE OF DEATH

Reg. Dist. No.

	0700				Keg. Dist. No.
o. COUNTY Carr	011	MARYLAN	O STATE	Where deceased lived. If institution b. COUNTY	on: Residence before odmission)  Carroll
RURAL and give ne	f outside corporate limits, writarest town)  Taney town, Md			f outside carporote limits, write R Taney town, Md	The state of the s
	n. Pa. R. D.	dress' 1		Mailing Address	e. IS RESIDENCE ON A FARM? YES <b>F</b> NO
3. NAME OF DECEASED (Type or print)	First George	Middle F.	Revelle	4. DATE Mon OF DEATH 3/30/	
s. sex Female	White win	MARRIED NEVER MARRIED COWED DIVORCED	9/2/1877	9. AGE (In years last birthday) 82 yrs.	Months Days Haurs Min.
Retired St	ing life, even it refired)	10b. KIND OF BUSINESS OR IN Steam Fitting		te or foreign country) Ann, Md.	U.S.A.
3. FATHER'S NAME Sidney R	evelle		14. MOTHER'S MAIDEN Mary A	nn Heath	
	R IN U. S. ARMED FORCES? If yes, give war or dates of service	16. SOCIAL SECURITY NO. 17	Mrs. George	F. Revelle, Lit	es Carroll Co.,Md tlestown, Pa. R.D
Conditions, if or gave rise to in casse (o), stating the lying course last.	nmediate ( DUE TO	Ly festensive	cardio - vasc	ular derias	v 20 years
CATIC					EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] 20b.  [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	n Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	. w	d. INJURY OCCURRED 20e. hile Nat while work at wark	PLACE OF INJURY (Hame, far factory, street, office bldg., e	rm, 20f. (City or tawn)	(County) (State)
21. I certify the olive on macrual SIGNATURE	A AND AND AND ADDRESS OF THE ADDRESS	eased from Augus 260, and that de	t, 1958, to 1956 to 19	A. M. from the couses and ADDRESS (Street, city or town,	that I lost saw the decease and on the dote stated above state)  DATE SIGNED  S/30/6
PHYSICIAN'S NAME (Type)					

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 and by the funeral director, I and 2 should be filed with **D FUNETAL DIRECTOR:** After this difficate has been signed by the ottending physician and complex page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers, the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. DIRECTOR: After this ined by the hospitol TO FUNE VS A1S (4) 15M 9/5S

M

Ar very					Was Walley
Lional					
	· TETTER .:		DEMEN   10.0	.Al , more than	mens, dr.
		Morgolden		f	, to account
	0.014(3/2)				
		6 W N			
		751212		TAPE TO SERVICE	
		nonning of	MARKET NAME OF THE OWNER.		medic Conline
	Tentil mil			1	erson gen ån
Margall Carried					
	OF REAL PROPERTY.				
		and the last of			
			4.060.1.3	U.S. of HEAD FOR	
				oraci	
			4.060.1.3		
			Aug 6 to 1. a		
			Aug 6 to 1. a		
			And the Andrews	torand	
			And the Andrews		
				TOTAL STATE OF THE	

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 FICATE OF DEATH

Reg. Dist. No.

03129

PERFORMED? YES T

NO T

(Slate)

9	3154 MEDIC	CAL EXAMINER'S	CERTI
	1. PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RE
(M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	x CITY O

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give\_street address)

SIDENCE (Where deceased lived. If Institution, Residence before admission) COUNTY

R TOWN (If autside corporate limits, write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE

ON A FARM? YES NO TH NAME OF Middle 4. DATE First Month Last Year DECEASED OF DEATH 1960 (Type or print)

9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES?

17. INFORMANT 16. SOCIAL SECURITY NO. Address INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: Reclied nu IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause lost.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

20g. EXTERNAL CAUSE WAS
PRIMARY ☐ or CONTRIBUTING ☐
CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) factory, street, office bldg., etc.) While Not while g. m. at work at work p. m.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry \ and find that death resulted from: Natural causes Suicide . Homicide . Undetermined cause

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER

SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINERS DEPUTY MEDICAL EXAMINER NAME (Type)

22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAR Chilling S. Thank

DATE

farwarded to the Chief O FUNERAL DIRECTOR: VS. A15ME(5) 5M 9/55

shauld

the registrar pr

retained 2

poges Pages 40 age

File Give

permit.

burial-transit

80

CATION

with

alang

0

and Pe and may

Hem

pencil

2 0 Office

ward 3 should

the

writing

certificate, write

cute the

MEDICAL

Medical

name a			
			terfori i Alphania avena
			SOLD ROSE WALL STATE
		No. of London, Marie Street, S	ing thoughtermin cropping
Manua Basance Grant Manual San a	u, Deples De Deples according	A STEEL STEEL	
	u, Danisa Da		

Cookson Farme D. H. 3/16/60 the contract of the second second of the sec

74.4581

VR A1S (4) 1SM 9/59

#### 3156

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

<b>CERTI</b>	FICA	TE OF	DEA	HT4

	. 0		63	
- 1	13	1		1
- 1	, 0	F	U	- 4

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where decease o, STATE		e before admission)
Carroll	MARYLAND	Maryland	b. COUNTY Wash	ington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and gi	ve nearest town)
Sykesville	54vrs.lmo.24da	vs Eakles Mill		del X-L
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Springfield State Hosp	ital	None		YES NO
3. NAME OF PIECE ASED First	Middle	Lost 4. DATE	Month	Day Yeor
(Type or print) Sarah	Katherine (Kate		March	21, 1960
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	. DATE OF BIRTH		YEAR IF UNDER 24 HRS.
Female White WIDOV	VED DIVORCED	Unknown	86 yrs. Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10th during mast af warking life, even if retired)	. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State ar foreign	cauntry) 12. CITIZ	EN OF WHAT COUNTRY?
Housework		Marvland		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Martin Snyder		Elizabeth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
(Yes, no, or unknown) (If yes, give war ar dates of service)	- S	pringfield Hospita	7 Records	
1B. CAUSE OF DEATH [Enter anly ane couse per		pringrious monpro		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).			ONSET AND DEATH
IMMEDIATE CAUSE (o)	rteriosclerotic	heart disease.		Years
4-20.0 DUE TO				
Conditions, if ony, which ) (b)				
gove rise to immediate				
couse (o), stoting the <u>under</u> .  [ying couse last.				
, (0)	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
5 C.B.S. due to arterios				PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 200 DE	SCRIPE HOW INTURY OCCURRED	. (Enter nature of injury in Part I or Pa	et II of item 18 \	I IES [] NO ES
PART II. OTHER SIGNIFICANT CONDITIONS  C.B.S. due to arterios  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter holdre of injury in Port I of Po	it it of tient to.)	
3 20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, farm,   20f. (Ci	ty or town) (Co	ounty) (State)
Haur o.m. 10 Whil	e ivor while	ary, street, office bldg., etc.)		
	ark ot work		1 1 03 /6	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. I certify that (1) (this haspital) atter				
saw the deceased alive an March	21, 19.60, and that de	eath accurred at 1 CM Fram	the causes and an the	
22a. SIGNATURE	0 1	ATTENDING	CTAFF	22b, DATE
Algustin del	Campo "	A.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	3/21/60 SIGNED
22c. PHYSICIAN'S		22d. ADDRESS	2 0 1 123	. 342
NAME (Type) Agustin delCa	impo, M.D.	Springfield Hos	pital, Sykesvill	.e,Md.
23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY 23d. LOCA	ATION (City, town, or county)	(State)
REMOVAL (Specify) 121 RIAL MARCH 24 196	A FAIRVIEW C	EMETERU KE	EDUSVILLE IVI	()
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	230. REC'D BY REGIS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATURE
Talant Brast	DOONSBORD	1711)	DC THE STREET	
James de Leconson de	1,000	DATMAR 2 3 6	Outly & to	Bush

a simple of the stand fileto stand and the second of the second o THE CHARLES OF A PARTY SERVICE OF A PARTY OF no di non digita e i di Maria di Santa di Pandara di Santa di Araba di Santa di Santa di Santa di Santa di San , in the new Anthrope in Weining and the total to the CONTRACTOR OF THE PARTY OF THE Business with the state of the

director

H M

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3157

								-				
C	E	RT	IFI	C	A	TE	0	F	D	E/	T	H

03132

		070.										
	ACE OF DEATH COUNTY					USUAL RESID	ENCE (Who	ere deceased	l lived. If institut b. COUNT		before admi	ssian)
		rroll		MAR	YLAND	1	Maryla	and	B. COOK!!	Balt	o. City	
b.	CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	utside corpoi	rate limits, write		0.14	vn)
	Sykes	ville		lyr.6mos.	17days	I	Baltir	nore			31011	4
d.	OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS					SIDENCE A FARM?
		gfield Stat	e Ho	spital			811 E.	Balt	imore St	t.		NO
N.	AME OF	Fir	st	Middle		Last		4. DATE OF	Мо	nth	Day	Yeor
	ype ar print)	Roy		Earl	Spr	attlin	g	DEATH	Marc	ch	2,	19 60
SE	X	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	ED 3. D	ATE OF BIRTH	1		9. AGE (In years last birthday)		YEAR IF UND	~
	Male	White	WIDOW	ED DIVORCE	DUJ	uly 17	, 1900	5	53 yrs		Days Hours	Min.
a.	USUAL OCCUPATION	ON (Give kind of work	ane 10b	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPL	ACE (State	or fareign co	ountry)	12. CITIZI	EN OF WHAT	COUNTRY
- 4	Laborer	king life, even if retired		Tinte		Geo	rgia			U.	S.A.	
_	ATHER'S NAME			yerro	1	4. MOTHER'S		AME	5.11			
1	Luther Sp	rattling				E1:	izabe	th Cas	h			
. W	AS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. INFO	RMANT			Add	dress		
	no, or unknown)	(If yes, give war or dates of s	ervice}	259-01-7	939	Spring:	field	Hospi	tal Rec	ords		
Ti	B. CAUSE OF DEA	ATH [Enter anly ane co	use per l	ine for (a), (b), and (c)	.]					JE PAL	INTERVAL E	
	PART I. DEA	TH WAS CAUSED BY:	So	nticemia							days	
	698)	DUE TO		DOTCOURTS.							uayo	
1	Conditions, if a		Lo	rge infect	ed nre	egura i	cores					
I	gove rise to i couse (o), stoting				ou pro	00420	001 00				F1 (14)	
	lying couse last.	(c	)			1111						
	Schizonh	enic react	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THETERMI	VAL DISEASI	CONDITION GI	VEN IN PART	1(o) 19. WAS	ORMED?
	ocii za opiii		,	Od od od od oz	oj po						YES [	NO 1
(	OR CONTRIBUTING	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	OCCURRED. (E	inter nature of	f injury in P	ort I or Part	11 of item 18.)			
L			Too t	NAME OF STREET	Too. NACE	OF INTURY (		Toos 16:1				101
2	Hour o.m.	RY Month, Day, Yes	While	INJURY OCCURRED  Not while	foctory	OF INJURY (F , street, office	bldg., etc.	)   201. (City	or town)	(Co	ounty)	(Stote
L	p. m.	19		rk ot work				10				-
	21. I certify the	at (I) (this haspital	atten									
		sed alive an Ma	ch_a	2, 19 60, and	that dea	h accurred	orlal	PMram	the causes a	nd an the	date state	d abave
1	220 SIGNATURE	14		[/		ATTENDING	5 _ ME	a 0	STAFF		2	2b. DATE
-	Call	may of	CAL	have	M.D			ECTOR [	STAFF PHYS.		3/2	/60
	22c. PHYSICIAN'S NAME (Type)	Edmund L	ıstha	aus, M.D.		Sprin		d Hosp	oital, S	ykesvi	lle, Mo	d.
a.	BURIAL, CREMATIC	DN, 23b. DATE THEREC	)F	23c. NAME OF CEA	METERY OR C	REMATORY		23d. LOÇA1	JON (City, town,	or_caunty)	, / (Ste	ote)
1	REMOVAL (Specify)	3- H-	60	17/11/	don	U		Bloth	toburg 1	Paren	118.	mel
F	UNERAL DIRECTOR	'S SIGNATURE	"	ADDRESS	200	-		BY REGIST	RAR 256. REG	ISTRAR'S SIGI	NATURE	40
2	List thin	THE PARIS	1/14	Mekeset	le, 4	411	DATEMA	8 8 16		Thun S. 7	Travel	
Ru	THE TALLS	177 - (1800)	101 -	- Marine	-//	41 -	DA I Cease of					

TO FUNERAL DIRECTOR: After this certificate page 3 shauld be detached far use the State Board of Health prior ta h VR A1S (4) 1SM 9/59

The divine the substitute of the service of Table 1. Carlo de la Carlo Stand Takker I.O. The Market Blaker Inc. 10. The Standard Standard

VS. A15ME(5) 5M 9/55

03133

1	- 6	Reg. Dist. No.
		PLACE OF DEATH  COUNTY  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)  a. STATE  M. COUNTY  B. COUNTY  B. COUNTY
	b	c. CITY OR TOWN III outside corporate limits, write RURAL ond give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	•	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO [1]
	-(	NAME OF DECEASED ARTHUR - C - TRACEY 4. DATE OF DOY YEAR BY 1960
	5. S	201 LU WIDOWED DIVORCED DECLE 17-1888 Par Months Days Hours Min.
1	d	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LUCS A
		Elinton Tracey 14. MOTHER'S MAIDEN NAME Lill
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  10. or uphnown)  11. you give wor or dates of service)  12. 40-4629 - Mar a Grace - Have a free at Mid
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONS
	z	PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATION	PERFORMED? YES   NO
	CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o, m. p. m. 19  20d. INJURY OCCURRED While of work at work a
		21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that
	-	death resulted fram: Natural causes   , Accident   , Suicide   , Homicide   , Undetermined cause   .  ACTUAL SIGNATURE:   DATE SIGNED
		EXAMINER'S M. C. Porterfield, M. D. ASSISTANT MEDICAL EXAMINER   3/31/60
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY 22d. LOCATION (City, Jown, or county) 25c. NAME OF CEMETERY 22d. LOCATION (CITY, Jown, or county) 25c.
	236	ADDRESS TEACH DATE APR 5 '60 DATE APR 5 '60 CALINA & THOMAS

			SA RE INTO
		The second second	
NO. 18 III III III III II III			
			No. of Street, or
	관 됐		
	W 77.2		
	S DEST		
9.5			
	Stall Levil		

		3159	CEKTIFI	CAIE	OF DEATH	1					
	1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY						
	a. COUNTY C	arroll	MARYLA	ND	Mary	land	b. COUNTY	Balto	.Cit	y	
3	b. CITY OR TOWN RURAL and give	(If autside carporate limits, wr	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (IF	autside carpo	rote limits, write RI	URAL and give	nearest taw	n)	
ni	Sykesv	ille	35yrs.9mos.	15da	ys Bal	timor	е		VO/	4	
_		ITAL (If not in haspital, give st	reet address)		d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?	
5		field State	Hospital		20 S.	Gree	n St.			NO 🙀	
	3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Man	th	Day	Yeor	
	(Type or print)	Mike		Ze]	insky	DEATH	Mar	ch	11.	19 60	
	5. SEX	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED	3 8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YE			
	Male	White wo	OWED DIVORCED	J 🗆	Inknown		74 yrs.	Manths Day	s Hours	Min.	
	10o. USUAL OCCUPAT	TION (Give kind af wark done orking life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e ar fareign co	auntry)	12. CITIZEN	OF WHAT	COUNTRY?	
		ywork	Tink -		Lithua	nia		Al	ien	-	
	13. FATHER'S NAME		7	14	. MOTHER'S MAIDEN	NAME			70	2309	
/	Unknow	n			Unknow	n					
	S. WAS DECEASED EN	/ER IN U. S. ARMED FORCES?  (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress	1		
	No	No	-	Spri	ngfield	Hospi	tal Rec	ords			
	18. CAUSE OF DE	EATH [Enter anly ane cause p	er line far (a), (b), ond (c).]				CALLOLL		NTERVAL B		
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Far advanced	l pul	monary t	uberc	ulosis		Year		
	00	2 V DUE TO		(414)							
	Conditions, if	, IDI									
	gave rise to cause (a), statin	immediate During			Action in the second	Total					
	lying cause las										
		ther significant condition phrenic read				MINAL DISEAS	E CONDITION GIV	EN IN PART 1(	19. WAS	AUTOPSY DRMED?	
1	SCHIZO				0 1				YES [	] NO 📉	
	□ OR CONTRIBUTION	IG CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	CURRED. (E	nter nature af injury in	Part 1 ar Par	t II af item 18.)				
		TY MEDICAL EXAMINER)						17/1/3			
	Y 20c. TIME OF INJU		Od. INJURY OCCURRED 21  /hite Nat while	<ol><li>PLACE factory.</li></ol>	OF INJURY (Hame, far streel, affice bldg., et	m, 20f. (City tc.)	ar tawn)	(Caur	ty)	(State)	
		. 19 at	work ot work								
	21. I certify th	nat (I). (this haspital), at	tended the deceased fr	ram_M3	irch 7, 19	2 55 M		19 60			
		ased alive an $3/1$ .	L/60 19 , and the	hat deat	h accurred a	4 M. PHom	the causes an	d an the de	ate state	d abave.	
	22a. SIGNATURE	-1 · 0 00	1 1		ATTENDING A	MED	STAFF		2:	SIGNED	
,	Clope	elm dy C	unpo.	M.D.		MED. DIRECTOR	STAFF PHYS. X		3/	12/60	
	722c. PHYSICIAN'S NAME (Type)	Agustin	delCampo, M.	D.	Springf	i blei	Hospita	1 Syke	evil	le, Mo	
	4		- ,		<u> </u>				DATT	10,110	
	23a. BURIAL, CREMAT BEMOVAL (Specif		23c. NAME OF CEMET	ERY OR C	EMATORY	23d. LOCA	TION (City, town	or county)	C) (Sto	ote)	
	TOURSE DIDE	3-11-U	ADDRESS A	MIR	CARA 1	TID BY DESCRIPTION	TOAR OCH PECH	STRAR'S SIGNA	TIDE	-	
	24. FUNERAL DIRECTO	A Stylchy	Atalus vell	, 9	Zod. REC	C'D BY REGIST	IKAK ZOB, KEGI	SIRAK S SIGNA			

TO HO AL OR ATTENDING PY CLAN: The law requires that the death certificate be executed in the death. Page 4 may be calculated by the haspital strending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. urs after death. Page 4

51

VR A15 (4) 15M 9/59

